

ICMJE DISCLOSURE FORM

Date: 2022-7-8

Your Name: Xuelian Chen

Manuscript Title: Correlations between dynamic-enhanced magnetic resonance imaging quantitative parameters and postoperative recurrence or metastasis and clinicopathological features in breast cancer patients

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

The authors have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

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Date: 2022-7-8

Your Name: Qian Gao

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Date: 2022-7-8

Your Name: Zhijuan Wu

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Your Name: Hongyan Wang

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